

U. S. TREASURY DEPARTMENT

HENRY MORGENTHAU, Jr., *Secretary*

U.S. PUBLIC HEALTH SERVICE.

THOMAS PARRAN, *Surgeon General*

PUBLIC HEALTH NURSING

Prepared by

PEARL McIVER

*Senior Public Health Nursing Consultant
United States Public Health Service*

SUPPLEMENT No. 133

TO THE

PUBLIC HEALTH REPORTS



UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON : 1937

Copy 2

RT97
M26

UNITED STATES PUBLIC HEALTH SERVICE

THOMAS PARRAN, *Surgeon General*

DIVISION OF SANITARY REPORTS AND STATISTICS

Asst. Surg. Gen. ROBERT OLESEN, *Chief of Division*

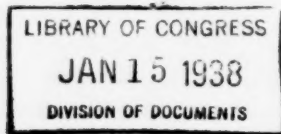
The PUBLIC HEALTH REPORTS, first published in 1878 under authority of an act of Congress of April 29 of that year, is issued weekly by the United States Public Health Service through the Division of Sanitary Reports and Statistics, pursuant to the following authority of law: United States Code, title 42, sections 7, 30, 93; title 44, section 220.

It contains (1) current information regarding the prevalence and geographic distribution of communicable diseases in the United States insofar as data are obtainable, and of cholera, plague, smallpox, typhus fever, yellow fever, and other important communicable diseases throughout the world; (2) articles relating to the cause, prevention, and control of disease; (3) other pertinent information regarding sanitation and the conservation of the public health.

The PUBLIC HEALTH REPORTS is published primarily for distribution, in accordance with the law, to health officers, members of boards or departments of health, and other persons directly or indirectly engaged in public health work. Articles of special interest are issued as reprints or as supplements, in which forms they are made available for more economical and general distribution.

Requests for and communications regarding the PUBLIC HEALTH REPORTS, reprints, or supplements should be addressed to the Surgeon General, United States Public Health Service, Washington, D. C. Subscribers should remit direct to the Superintendent of Documents, Washington, D. C.

(II)



PUBLIC HEALTH NURSING

Prepared by PEARL MCIVER, *Senior Public Health Nursing Consultant, United States Public Health Service*

"Public health nursing includes all nursing services organized by a community or an agency to assist in carrying out any or all phases of the public health program."¹ The services which may be rendered by a public health nurse vary within the several States in accordance with the policies of the health department or agency employing the nurse, the extent of the area which the nurse must cover, and the number of people she is expected to serve.

Functions Usually Accepted as Responsibilities of the Public Health Nurse¹

The general functions of a public health nurse are:

1. To help to secure early medical diagnosis and treatment for the sick.
2. To render or to secure nursing care for the sick, to teach through demonstration, and to supervise the nursing care given by relatives and attendants.
3. To assist the family to carry out medical, sanitary, and social procedures which will aid in the prevention of disease and the promotion of health.
4. To help to secure an adjustment of social conditions which affect health.
5. To influence the community to develop public health facilities through participating in appropriate channels of community education for the promotion of a sound, adequate community health program.

The public health nurse, in performing these functions, contributes to practically every phase of the community health program. Frequently, directors of school health work, industrial hygiene, or communicable disease services will ask, "What would a public health nurse contribute to my program?" In order to be specific with regard to the public health nursing functions in connection with each of these special services, the Committee on Administrative Practice of

¹ National Organization for Public Health Nursing: *Functions in Public Health Nursing*. 1936.

the National Organization for Public Health Nursing has prepared a list of the functions as they pertain to each of the special services. The suggested functions are as follows:

I. In the Maternity Service the public health nurse—

1. Gets in touch with prospective mothers and assists in securing medical and dental examination and supervision early in pregnancy and throughout the antepartum period.
2. Assists in planning and preparing for confinement and in securing a postpartum medical examination.
3. Gives or arranges for nursing care throughout the maternity cycle, including assistance at home confinements and care to mother and baby during the postpartum period.
4. Teaches through demonstration and supervises care given by relatives, attendants, and midwives.
5. Helps the family to carry out specific medical advice as to maternal hygiene and infant care.
6. Participates in promoting adequate resources for maternity care through utilizing appropriate channels of community education.

II. In the Infant and Preschool Health Service the public health nurse—

1. Assists in securing complete birth registration.
2. Assists in securing medical supervision, dental examination, and correction of defects for every child.
3. Gives or arranges for nursing care for sick children, teaches through demonstration, and supervises care given by relatives and attendants.
4. Assists in the control of communicable diseases through teaching the recognition of early symptoms, the importance of isolation, and the value of immunization.
5. Participates in programs for the prevention of handicaps, and the care and education of handicapped children.
6. Assists the family to carry out general and specific medical advice concerning proper feeding, with emphasis on the techniques of breast feeding.
7. Assists the family to carry out general and specific medical instruction concerning hygiene and the daily regime of the child, including instruction of parents in the desirability of early establishment of sound health habits.

III. In the School Health Service the public health nurse—

1. Participates in formulating and developing a health education program based on the needs of the pupils.
2. Assists physicians in the examination of pupils and in the interpretation of findings to teachers, parents, and children.

3. Teaches the value of adequate health supervision and facilities for medical and nursing care and assists in securing correction of defects.

4. Inspects pupils and instructs teachers, parents, and pupils to observe and recognize deviations from normal health.

5. Assists in the control of communicable diseases through teaching the recognition of early symptoms, the importance of isolation and the value of immunization.

6. Promotes the maintenance of a healthful school environment—physical, emotional, and social.

7. Arranges for the care of emergency and minor injuries and illnesses in accordance with medical standing orders.

8. Participates in a program for the prevention of handicaps and the care and education of handicapped children.

9. Develops relationships to coordinate school nursing activities with all other health forces of school, home, and community and to promote community health resources.

10. Participates in curriculum making. Nurses who are qualified may instruct classes in principles of healthful living and care of the sick.

IV. In Industrial Hygiene the public health nurse—

1. Assists the physician with medical examinations of employees.

2. Gives or provides for first aid under medical direction, and also for necessary subsequent care to sick or injured employees.

3. Teaches personal hygiene and the prevention of diseases to individuals and groups of employees.

4. Assists employees in securing the correction of defects.

5. Coordinates the service with the industrial relations program:

a. Assists the safety department in the interpretation of its program.

b. Keeps adequate medical and health records of all cases including compensation cases.

c. Offers consultation service to the manager of the lunch-room.

d. Interprets the plant sanitation program to employees.

e. Assists in developing recreational facilities.

f. Makes available to various departments appropriate data in nursing records.

6. Coordinates the service with the other health and social services in the community through—

a. Securing needed health and social service for the employee and his family in their home.

b. Developing working relations with the health department and other community agencies and securing their participation in promoting health within the plant.

V. In Adult Health the public health nurse—

1. Encourages periodic health examinations.
2. Teaches the fundamentals of personal hygiene in order to assist in the prevention and retardation of those diseases specific to adult life.
3. Assists in securing early diagnosis and treatment of those diseases.

VI. In the Acute Communicable Disease Program the public health nurse—

1. Promotes the complete reporting of reportable diseases.
2. Teaches the need of medical care and assists the family to secure it.
3. Gives or arranges for necessary nursing care, teaches through demonstration, and supervises care given by relatives and attendants.
4. Assists the family to carry out isolation and general and specific medical instructions.
5. Interprets health department procedure to individuals and groups.
6. Assists under authority of the health department in making epidemiological investigations.
7. Instructs parents, teachers, and other individuals and groups—
 - a.* To recognize early symptoms and isolate suspicious cases.
 - b.* To carry out proper precautions to prevent the spread of infection.
 - c.* To appreciate the importance of adequate convalescent care.
8. Helps under medical direction to secure specific immunization of all infants and preschool children and of other age groups as needed.

VII. In the Tuberculosis Program the public health nurse—

1. Assists in finding cases and contacts and securing medical examination and supervision.
2. Assists under authority of the health department in making epidemiological investigations.
3. Assists in securing reporting of all cases.
4. Gives or arranges for necessary nursing care, teaches through demonstration, and supervises care given by relatives and attendants.
5. Helps to arrange for sanatorium and post-sanatorium care and rehabilitation of patient when indicated.

6. Teaches patient and family the importance of personal hygiene, and the precautions to be taken to prevent the spread of infection.

7. Helps patient and family to maintain a mental and social adjustment toward a long term communicable disease.

8. Helps to educate the public concerning unmet needs of the community for the prevention, control, and care of tuberculosis.

9. Assists in integrating services of clinics, sanatoria, private physicians, health department, and other related health and social agencies.

VIII. In the Syphilis and Gonorrhea Program the public health nurse—

1. Assists in finding cases and contacts and in securing medical examination and supervision.

2. Assists under authority of the health department in making epidemiological investigations.

3. Promotes the reporting of cases.

4. Gives or arranges for necessary nursing care, teaches through demonstration, and supervises care given by relatives and attendants.

5. Promotes continued treatment through assisting patient to follow prescribed routines and cooperates with the medical social worker to this end.

6. Teaches patient and family the importance of personal hygiene, and the precautions to be taken to prevent the spread of infection.

7. Teaches scientific facts concerning these diseases to individuals and groups to help eliminate traditional stigmas.

IX. In the Non-Communicable Disease Service the public health nurse—

1. Assists in securing early medical diagnosis and treatment.

2. Gives or arranges for necessary nursing care, teaches through demonstration, and supervises care given by relatives and attendants.

3. Assists in securing special care for patients having special types of disability such as orthopedic, arthritic, and cardiac conditions, diabetes, and cancer.

4. Assists in securing convalescent care and in rehabilitation of the patient.

5. Observes and assists in adjustment of health situations in the homes of patients, teaches general hygiene and the prevention of disease; puts the family in touch with community resources.

X. In the Orthopedic Service the public health nurse—

1. Assists in finding orthopedic cases.

2. Observes and helps others to recognize and eliminate environmental conditions or habits which might produce postural or other orthopedic defects.

3. Observes and helps eliminate conditions for bed patients which may cause contractures, foot drop, or spinal curvature.
4. Observes and teaches others to recognize signs of orthopedic defects and helps to secure medical diagnosis and supervision.
5. Gives or arranges for necessary nursing care, teaches through demonstration, and supervises care given by relatives and attendants.
6. Gives or secures skilled physiotherapy treatment under medical direction to prevent deformities and secure maximum return of power to muscles and joints.
7. Teaches patient and family the importance of self-reliance on the part of the crippled person, promoted by encouraging independence in daily routines and interest in useful occupations.

XI. In connection with Vital Statistics Activities the public health nurse—

1. Teaches, as a part of antepartum care, the value of birth registration and the importance of accurate statements on birth certificate; and makes sure births are registered before closing maternity cases.
2. Cooperates with the registrar by reporting names of newborn babies known to the nurse in places where birth reporting is poor.
3. Reports stillbirths or deaths of infants that live but a short time and who are buried without the usual formalities.
4. Assists with morbidity and mortality studies which are useful in determining needs and formulating programs.

XII. In the Sanitation Service the public health nurse—

1. Ascertains the source of water supply and the means of excreta disposal in homes visited. If in doubt as to the safety of these, refers them to the public health engineer for investigation.
2. Teaches the importance of correcting unsatisfactory sanitary conditions, and the methods of immediate protection pending their correction.
3. Observes both the ventilation and screening in homes visited and teaches the importance of screens where insects prevail.
4. Inquires concerning the source of the milk supply and teaches standards and the importance of sanitary methods of milk production and handling.

Generalized Public Health Nursing

All of the functions of the public health nurse put together form a well-rounded public health nursing program. If one service is carried as a separate activity it must be closely related to the other

public health nursing activities of the community. It is practically impossible to separate one type of nursing service from others which may be needed by a particular family. In the early development of public health nursing, one nurse was frequently employed to assist in the promotion of a special service. Nurses were employed to do only maternity nursing, infant-welfare work, school nursing, or antituberculosis work. Each nurse was concerned with the promotion of one special service and it was sometimes necessary for three or four different nurses to visit the same home if the family had several health problems. This led to a duplication of effort and occasionally resulted in confusion insofar as the family was concerned.

About 15 years ago social and health agencies began to advocate that the family be considered as a unit and that health and social workers be concerned with their respective problems in relation to the whole family situation. Experiments were made with one public health nurse assigned to a certain area who was expected to perform all public health nursing functions needed by the families of that area.² The results of these experiments indicated that—

1. A "generalized service" (when one nurse performs all public health nursing functions) is more economical from the point of travel time and expense.

2. The generalized service is better coordinated in that the nurse sees each health problem in relation to all of the health problems which confront the family. For example, the undernourished school child presents quite a different problem when the nurse knows that the father or some other relative in the home is an open case of tuberculosis. Instruction in infant feeding will have little effect on the infant mortality rate if the water, milk, and excreta disposal facilities are unsatisfactory. The correction of a school child's physical defect is important, but relatively not so important as adequate medical care for the mother who is pregnant. Each problem needs to be considered in relation to the whole family health situation.

3. Families usually prefer to have one general public health nurse rather than several specialized nurses advising and assisting them with their health problems. They become better acquainted with her and are not confused by recommendations from a number of different nurses. Hence, in the interest of efficiency and economy there is a trend toward having one public health nurse perform all of the public health nursing functions needed by the people of a certain area.

² East Harlem Nursing and Health Demonstration in New York City was one of the most outstanding experiments.

Organization and Administration of Public Health Nursing Services

Public health nursing was first introduced into this country by nonofficial agencies such as visiting nurse associations, child welfare societies, or antituberculosis associations. The first municipal health department to employ nurses was the Los Angeles City Health Department in 1898. New York City followed soon after, and by 1912 nurses were employed in more than 150 official health departments.

Inasmuch as all of the nurses who were employed by official health departments during the early part of this century were assigned to special functions, such as child hygiene, prenatal care, tuberculosis control, school nursing, etc., it was natural that the health department nurses should have been under the direction of the chief of the division or bureau in which they were employed. In later years, when the advantages of a generalized public health nursing service were recognized, most health departments organized the nursing services into bureaus or divisions of nursing. Each bureau or division was under the direction of a public health nurse who was responsible for all of the nursing work of the health department. Each of the directors of the special services, such as child hygiene or tuberculosis control, outlined the program which he desired carried out and the nursing director planned the nursing service so that the several special divisions would receive satisfactory nursing assistance.

It is generally agreed that the nursing services rendered by a State health department are most satisfactory also when organized as a unit and under the direction of a qualified public health nurse.

Public health councils or committees.—Nonofficial nursing agencies have received immeasurable support and encouragement from their lay "boards" or health committees. Official agencies have not utilized the assistance of lay committees as fully as is desirable. Inasmuch as nursing within an official health department is not a separate entity but is an integral part of the whole health service, it is usually better to have a general health council which is concerned with all of the activities of the health department. Subcommittees, interested in special phases of the health program, such as tuberculosis control, maternal hygiene, school hygiene, loan closet supplies, et cetera, may be utilized to advantage. When such special service committees are organized it is well to include the chairman of the special committee as a member of the general health council so that the general council will be fully informed with regard to the activities of the special committees.

Extension of Public Health Nursing

In 1877 the first graduate nurses were sent into the homes of the "sick poor" of New York City to render a service which was later to be called "public health nursing."² During the first 35 years the growth of nursing service was gradual and primarily among the poorer classes in the large cities. In 1912, when the National Organization for Public Health Nursing was organized, there were but 3,000 public health nurses in the whole United States. A census of public health nursing taken by the National Organization for Public Health Nursing in 1931 revealed a remarkable growth. The number of full-time public health nurses had increased to more than 15,000, exclusive of those nurses who were employed in industry. Through the efforts of the public health nursing consultants of the United States Children's Bureau and the United States Public Health Service, a count of the number of public health nurses who were on duty on January 1, 1937, was made. The total number of public health nurses regularly employed in State or local programs on January 1, 1937, was 17,631. This number is exclusive of the industrial nurses, the part-time public health nurses and the nurses who were employed on Works Progress Administration projects.

TABLE 1.—A comparison of the number of public health nurses in the United States in 1931 and 1937, by districts¹

District	Total number of public health nurses		Increase in 1937 over 1931	
	1931	1937	Number	Percent
Northeastern.....	7,389	7,769	380	5.1
South Atlantic.....	1,250	1,553	303	24.2
North Central.....	4,196	4,526	330	7.9
South Central.....	1,546	1,771	225	14.6
Western ²	1,526	2,012	486	31.8
Total.....	15,907	17,631	1,724	10.8

¹ Exclusive of those public health nurses employed by industries and those employed on a part-time or temporary basis.

² Includes territories of Hawaii and Alaska.

According to the data secured from the State health departments, there were 2,203 industrial nurses, 227 part-time public health nurses, and 1,717 W. P. A. nurses on duty on January 1, 1937. The number of industrial nurses may not be complete, inasmuch as some State health departments do not maintain very close relationships with this group. The number of W. P. A. nurses has fluctuated considerably and it is slowly but surely diminishing. Therefore, these groups were excluded from table 1 so that the material could be compared to the totals for 1931.

² Gardner, Mary S.: Public Health Nursing. The MacMillan Co., New York City, 3d edition, 1936, p. 27.

Public health nurses are also employed by eight national agencies. Whenever a national agency employed nurses who were assigned to a State or local area, those nurses were included in the State and district totals. However, 74 nurses were employed by the national agencies as consultants or advisers to States on a national or regional basis. Therefore, a separate tabulation has been made of those nurses.

TABLE 2.—*Public health nurses employed by national agencies who render service to more than one State*

Agency	Number of nurses employed in	
	1931	1937
Bureau of Indian Affairs.....	5	5
U. S. Veterans' Bureau.....	15	0
U. S. Public Health Service.....	0	7
U. S. Children's Bureau.....	0	6
National American Red Cross.....	33	23
National Organization for Public Health Nursing.....	7	8
National Society for the Prevention of Blindness.....	1	1
American Child Health Association ¹	1	0
Metropolitan Life Insurance Co.....	16	20
John Hancock Life Insurance Co.....	4	4
Total.....	82	74

¹ Organization discontinued in 1936.

Thirty-one public health nurses were employed by colleges or universities to teach public health nursing. These nurses were not included in the totals for each State because it was assumed that the schools admitted students from more than one State. If the public health nurses employed by national agencies and universities or colleges, the industrial nurses, the part-time public health nurses, and the nurses employed on W. P. A. projects were added to the number of regularly employed State and local public health nurses (table 1), the total number of nurses who were engaged in some type of public health work on January 1, 1937, would be approximately 22,000.

Number of nurses employed by rural and urban agencies.—The number of nurses employed in the rural areas and in cities or towns under 10,000 population has increased considerably since 1931. The total number of rural public health nurses in 1931 was 4,573, while the number reported in January 1937 was 6,037, or an increase of about 32 per cent. This increase in the rural service was especially significant throughout the Western and the South Atlantic districts as will be noted from table 3. While there has been a marked increase in the number of rural public health nurses, the population per nurse is still much greater in the rural areas than in urban districts.

TABLE 3.—*A comparison of the number of rural and urban public health nurses employed in 1931 with the number employed in 1937*¹

District	Rural ²				Urban			
	1931	1937	Increase		1931	1937	Increase	
			Number	Percent			Number	Percent
Northeastern.....	1,830	2,202	372	20.3	5,559	5,567	8	0.1
South Atlantic.....	441	721	280	63.5	809	832	23	2.8
North Central.....	977	1,128	151	15.5	3,219	3,398	179	5.6
South Central.....	640	915	275	43.0	906	856	-50	-5.5
Western ³	685	1,071	386	56.4	841	941	100	11.9
Total.....	4,573	6,037	1,464	32.0	11,334	11,594	260	2.3

¹ Exclusive of industrial, part-time, or temporary public health nurses and those employed by national agencies to serve more than 1 State.

² Rural includes the open country, and all places having a population of less than 10,000.

³ Includes territories of Hawaii and Alaska.

The increase since 1931 in the number of public health nurses employed by urban agencies has been very slight. There were 11,334 urban public health nurses in 1931 and the 1937 total is 11,594, or an increase of only about 2 percent. If a count of public health nurses had been made in 1932 or 1933 during the height of the depression, it is quite probable that both urban and rural areas would have shown a considerable decrease over the 1931 figures. This difference in the rate of increase for the urban as compared to the rural areas in 1937 may be due to the increased support to rural and State health departments made possible by the provisions of the Social Security Act.

Increased support of public health nursing by official agencies.—The trend toward an increased support of public health nursing by official agencies which was noted in 1931 has continued. The proportion of nurses employed by official agencies has increased from 61 percent in 1931 to 67 percent in 1937.

A slight decrease in the number of public health nurses employed by nonofficial agencies was noted throughout all of the districts with the exception of the Northeastern area. In this district, the number of public health nurses employed by nonofficial agencies increased from 3,392 in 1931 to 3,456 in 1937, or an increase of about 2 percent. The decreases in the other four districts were from 15 to 26 percent. This change may also be partially attributed to the increased support for official health work through Social Security funds.

While the number of public health nurses has increased rapidly during the past 20 years, very few areas, either rural or urban, have a sufficient number of public health nurses to meet present needs. The usual estimate of 1 public health nurse to each 2,000 of the population would require approximately 60,000 public health nurses, or three times the number now employed in this country.

Qualifications of Those Appointed to Public Health Nursing Positions

A public health nurse is a graduate registered nurse who has had special preparation in the field of public health.

Minimum qualifications for those appointed to the various grades and types of positions in public health nursing have been defined by the Education Committee of the National Organization for Public Health Nursing and adopted by the Committee on Professional Education of the American Public Health Association.⁴ The Conference of State and Territorial Health Officers has recommended similar qualifications for those nurses who are to be employed by official health departments. The qualifications recommended for the public health nurse who carries on the direct nursing service in the home, school, or clinic of an agency which does not furnish a qualified public health nurse supervisor are as follows:

1. She should be a graduate of an accredited high school. More advanced education on a college level is desirable.

2. She should be a graduate of an accredited school of nursing connected with a general hospital having a daily average of 100 or more patients. She should have had both theoretical instruction and clinical experience in pediatrics, obstetrical and communicable disease nursing, and the mental aspects of nursing should have been emphasized throughout the whole curriculum.

3. She should have had a program of study in public health nursing which meets the requirements recommended by the National Organization for Public Health Nursing and 1 year's experience under qualified nurse supervision in an agency in which family health is emphasized.

4. She should possess suitable personal qualifications such as an interest in and ability to work with people, good physical health, emotional stability, initiative, good judgment, and resourcefulness.

Facilities for the preparation of public health nurses.—Approved post-graduate courses of study in public health nursing are offered by 17 universities and colleges in the United States.⁵ The courses of study vary in length from 9 to 12 months, and all of them offer a combination of intramural study and field experience in public health nursing.

A number of the more progressive university schools of nursing are cognizant of public health needs and are planning the entire basic nursing curriculum with an emphasis on the prevention of

⁴ American Public Health Association Year Book, 1936-37, pp. 41-44. Reprints may be secured from the National Organization for Public Health Nursing, 50 West Fiftieth Street, New York City.

⁵ Complete information with regard to these courses of study may be obtained from the National Organization for Public Health Nursing, 50 West Fiftieth Street, New York City.

disease and the promotion of health. These schools offer courses of study which will prepare the nurse for elementary work in any branch of nursing. The graduates are awarded academic degrees as well as diplomas in nursing. Field experience in public health nursing as well as theoretical instruction in the fundamental public health sciences, is included in the combined course of study.

Under authority of the Social Security Act, each of the State and territorial health departments receives grants-in-aid for the training of public health personnel. These funds are used to pay tuition, traveling expenses, and living stipends for persons who are selected by the several State health departments for special training. Information with regard to these opportunities may be secured from the respective State health departments.

The Specific Contribution of the Public Health Nurse

Each member of the staff of a health department, whether it be the health officer, a sanitarian, or a nurse, has a distinct contribution to make for which he or she is especially fitted by aptitude and training. The chief contribution of the public health nurse is her ability to "individualize" the work of the health department. A municipal water supply or the provisions for a city sewage disposal system may not require individual cooperation but the success of practically every other activity of the health department is dependent upon the individual's understanding of the problem, and his acceptance and utilization of the available facilities. The public health nurse interprets the information provided by the special divisions of the health department and helps each family to adapt that information to its own particular problem.

If she is a successful generalized public health nurse, every time she visits a home she will be aware of all conditions which affect the health of the family, alert to recognize personal needs, and clear in her instructions as to how or where those needs may be met. The purpose of her visit may be to investigate a suspected case of communicable disease, but while there she sees and calls the family's attention to the need for a sanitary toilet or the danger of an inadequately screened home. The children may need protection against smallpox and diphtheria, and she will explain how these services may be secured. Perhaps the mother is expecting another baby and as yet no medical care has been provided for her. All of the existing problems may not be discussed on the first visit, but the alert nurse makes a note of these needs and marks that family as one which needs further help. She sees each problem in relation to the whole family situation and her own work not as a separate entity but as a part of the whole community health program.

The contribution of the public health nurse has been summed up by a noted physician and educator as follows:⁶

"Laboratories discover facts and it is one of the dramatic achievements of modern times that medical science has advanced as it has. And it is most encouraging that public authorities are coming to recognize that there must be created and maintained highly intelligent and competent official agencies with adequate resources to apply to the public welfare the facts and truths that have been discovered by medical science and whose applicability has been demonstrated by the medical profession. And in my judgment the agency that brings this possibility to a focus and accomplishes results is the public health nurse. I am very glad indeed of the opportunity of saying that as I have watched it from the sidelines during these thirty odd years I have come more and more to feel that without the public health nurse the efforts are ineffective."

REFERENCES

- Bower and Pilant: *Communicable Diseases for Nurses*. W. B. Saunders Co., Philadelphia (1933).
 Chayer, Mary: *School Nursing*. Putnam and Sons, New York City (1931).
 Gardner, Mary S.: *Public Health Nursing*. Macmillan Co., New York City (1936).
 Hodgson, Violet: *Public Health Nursing in Industry*. Macmillan Co., New York City (1933).
 National Organization for Public Health Nursing: *Manual of Public Health Nursing*. Macmillan Co., New York City (1932).
 Idem: *Survey of Public Health Nursing*. The Commonwealth Fund, New York City.
 Stokes, John H.: *Dermatology and Syphilology for Nurses*. W. B. Saunders Co., Philadelphia (1935).
 Zabriskie, Louise: *Nurses' Handbook of Obstetrics*. J. B. Lippincott, Philadelphia (1934).

⁶ Farrand, Livingston: *Am. J. Pub. Health*, vol. 27, no. 6, p. 601 (June 1937).



